State of Maine Office of Attorney General Consumer Protection Division Consumer Mediation Service 6 State House Station Augusta, ME 04333-0006

COMPLAINT FORM ANIMAL

G. STEVEN ROWE, Attorney General

Complaint #	
Mediator	
PDF	

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Busine	ss Complaint Is To	Be Filed Against	Name of Consumer		
Name of Business			Your name		
Address			Address		
City	State	Zip	City	State	Zip
Tel:			Tel: Work	Home	
Fax::			Fax::		
Email:			Email:		
		What is the nat	ture of the complaint:		
The health or con	dition of the animal		n papers, Breeding _	. Kennel	. Other
Animals name Date of Birth Tattoo or microchip Age at purchase Date animal was tal Date you took your Is this animal still a	& breed of the animal Sex # Present ken home animal for first vet virulive at this time? Yes d. s euthanised.	age sit No	Date of the purchase:	e:the sale?d? d? curate? y? nal as a compan	nion?
Dute the unimar wa	s cathanisca.		seller provide:		
A copy of the Main	e "Sale of Dogs and C		provider	Yes	No
Date(s) the animal had been seen by a veterinarian prior to purchase?			chase?	Yes	No
A record of inoculations and worming?				Yes	No
If there was any known health problem, a signed statement indicating the health problem?			Yes —		
A verbal or written statement the animal had no known health problem at time of delivery?			Yes		
For purebred animals, eligible for registration, were papers provided at time of sale?			Yes	No	
•			, was that contract condition		
	eive your registration		•	Yes	No
Have you submitted this matter to another agency or lawyer?			Yes	No	
	ver's name and phon e company or has th		m?	Yes	No
•		1 2	u.		
•	opy of this complain			Yes	No
If you check	"no" we will not be	able to mediate voi	ur complaint		

However, we will keep your complaint in our files.

Please summarize your complaint in the space below. This complaint petition will be the only document we forward to any interested parties. Describe any promises the business made and whether those promises were kept. You may send in additional and more detailed materials and statements to assist us in our mediation effort, but please keep them separate from this complaint.
How did the business respond to your complaint?
What do you believe would be a fair resolution of your specific complaint?
Today's date: Your Signature:
Please indicate which age category applies to you (statistical purposes only): Under 19() 20-29() 30-39() 40-49() 50-59() 60-69() 70-79() 80-89() 90 plus()